

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001299

STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 3

FILED JAN 9 1962

1. PLACE OF DEATH
a. COUNTY Grundy2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Grundyb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN TrentonLength of stay in 1b
yearsc. CITY
OR
TOWN TrentonInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Wright Memorial AnnexInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
R # 6Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BurtFulkerson4. DATE
OF
DEATH

Month

Day

Year

Jan. 3, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-8-85

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Grundy Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Theophilus P. Fulkerson

13b. MOTHER'S MAIDEN NAME

Phylena Hudson

14. NAME OF HUSBAND OR WIFE

Elizabeth Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elizabeth Fulkerson-Trenton18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma PancreasINTERVAL BETWEEN
ONSET AND DEATH4 moConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ N- ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-6-60 to 1-2-62 and last saw her alive on 1-2-62
Death occurred at 1-3-62 3:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-5-1962

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Edinburg,Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gipson-WhitakerTrenton, Mo.

25. DATE RECD. BY LOCAL REG.

1-4-62

26. REGISTRAR'S SIGNATURE

Jane Fair
me

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leo H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Greentown MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.